2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# L08000060158

Entity Name: UNIVOICE, LLC

Current Principal Place of Business:

1001 N FEDERAL HWY
247
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

1001 N FEDERAL HWY
247
HALLANDALE, FL 33009

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CABRERA, FERNANDO
1109 N 13 TERR
HOLLYWOOD, FL 33019 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CABRERA, FERNANDO
Address: 1109 N 13 TERR
City-St-Zip: HOLLYWOOD, FL 33019

Title: MGR ( ) Delete
Name: UNSOY, ALPER
Address: 300 DIPLOMAT PARKWAY SUITE 615
City-St-Zip: HALLANDALE, FL 33009

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CABRERA, FERNANDO
Address: 1109 N 13 TERR
City-St-Zip: HOLLYWOOD, FL 33019

Title: MGRM (X) Change ( ) Addition
Name: UNSOY, ALPER
Address: 300 DIPLOMAT PARKWAY SUITE 615
City-St-Zip: HALLANDALE, FL 33009

Title: MGRM ( ) Change (X) Addition
Name: ELLISTON, ANDREW N
Address: 9047 SW 21 TERRACE
City-St-Zip: MIAMI, FL 33189

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ALPER UNSOY MGRM 02/24/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date